

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
Petri-Ribble Invitational

ADDRESS (number and street) PO Box 30844
 Check if different than previously reported. (ACC) Bethesda MD 20824

2. **FEC IDENTIFICATION NUMBER** ▼ C C00496844 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 10 / 01 / 2011 through M M / D D / Y Y Y Y 12 / 31 / 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Emily Tadlock
Signature of Treasurer Emily Tadlock *[Electronically Filed]* Date M M / D D / Y Y Y Y 01 / 31 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Petri-Ribble Invitational

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	15000.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	15000.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	22439.13	22439.13
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	22439.13	22439.13
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Petri-Ribble Invitational

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	2500.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	2500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	12500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	15000.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	3534.72	7439.13
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3534.72	22439.13

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22439.13	22439.13
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	22439.13	22439.13

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18904.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3534.72
25. SUBTOTAL (add Line 23 and Line 24).....	22439.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22439.13
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 10			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Petri-Ribble Invitational

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2011
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 689.80 Transaction ID : SB17.4146
City Fort Lauderdale	State FL	
Zip Code 33336-0001	Purpose of Disbursement SEE MEMO ITEM	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Bank of America Visa		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2011
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 691.90 Transaction ID : SB17.4148
City Wilmington	State DE	
Zip Code 19850-5710	Purpose of Disbursement SEE MEMO ITEM	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Campaign Financial Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2011
Mailing Address PO Box 30844		Amount of Each Disbursement this Period 1017.96 Transaction ID : SB17.4145
City Bethesda	State MD	
Zip Code 20824-0844	Purpose of Disbursement Compliance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2399.66
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Petri-Ribble Invitational

Full Name (Last, First, Middle Initial) A. Carole Goetas & Associates, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2011
Mailing Address 1707 Prince Street #5		Amount of Each Disbursement this Period 19534.91
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Catering/Event Supplies/Travel Category/Type 003	
Candidate Name		Transaction ID : SB17.4143
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) B. Debra Gebhardt		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2011
Mailing Address 4707 Connecticut Avenue NW #207		Amount of Each Disbursement this Period 504.56
City Washington State DC Zip Code 20008	Purpose of Disbursement Reimbursement- Travel Category/Type 002	
Candidate Name		Transaction ID : SB17.4144
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) c. Inn on Woodlake		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2011
Mailing Address 705 Woodlake Road		Amount of Each Disbursement this Period 689.80
City Kohler State WI Zip Code 53044-1321	Purpose of Disbursement Lodging Category/Type 002	
Candidate Name		Transaction ID : SB17.4149 [MEMO ITEM]
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	20039.47
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 10	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Petri-Ribble Invitational

Full Name (Last, First, Middle Initial) A. Inn on Woodlake		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2011
Mailing Address 705 Woodlake Road		Amount of Each Disbursement this Period 691.90
City Kohler	State WI Zip Code 53044-1321	
Purpose of Disbursement Lodging	Category/Type 002	Transaction ID : SB17.4151
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Wachovia Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2011
Mailing Address 7901 Wisconsin Avenue MD1010		Amount of Each Disbursement this Period -1.00
City Bethesda	State MD Zip Code 20814	
Purpose of Disbursement Banking Error	Category/Type 001	Transaction ID : SB17.4153
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	-1.00
TOTAL This Period (last page this line number only).....	22438.13

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Petri-Ribble Invitational

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Hotel Lodging Expense
Mailing Address PO Box 360001		
City	State	Zip Code
Fort Lauderdale	FL	33336-0001

Outstanding Balance Beginning This Period	Transaction ID : SD10.4134	
<input type="text" value="689.80"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="689.80"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bank of America Visa		Nature of Debt (Purpose): Hotel Lodging Expense
Mailing Address PO Box 15710		
City	State	Zip Code
Wilmington	DE	19850-5710

Outstanding Balance Beginning This Period	Transaction ID : SD10.4136	
<input type="text" value="691.90"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="691.90"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Financial Services		Nature of Debt (Purpose): Compliance Consulting
Mailing Address PO Box 30844		
City	State	Zip Code
Bethesda	MD	20824-0844

Outstanding Balance Beginning This Period	Transaction ID : SD10.4130	
<input type="text" value="1017.96"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1017.96"/>	<input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Petri-Ribble Invitational

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Carole Goeas & Associates, LLC		Nature of Debt (Purpose): Catering/Event Supplies/Travel
Mailing Address 1707 Prince Street #5		
City State	Zip Code	
Alexandria VA	22314	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4128	
19534.91		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	19534.91	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Debra Gebhardt		Nature of Debt (Purpose): Reimbursed- Airfare/Transportation
Mailing Address 4707 Connecticut Avenue NW #207		
City State	Zip Code	
Washington DC	20008	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4126	
504.56		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	504.56	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00